

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30173

State File No. _____

Registrar's No. 222

FILED OCT 13 1948

Registration District No. _____

Primary Registration District No. 5582

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: County Home - Rty 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Years
In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

FLOYD SILLAWAY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 7th. 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 28 _____ hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Grant Sillaway
13. Birthplace Hancock County Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Etta Bowman
15. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Muri G. Sillaway
(b) Address 1209 Murphy Ave. Joplin, Mo

17. (a) Burial (b) Date thereof Oct 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 West 4th St. Joplin, Mo

19. (a) 10-7-48 (b) R.B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1209 Murphy Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1948 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 3-1948
_____ 19____ to Oct 5 19____
that I last saw him alive on Oct 4
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
7 months
Duration

Due to Chronic Lung
disease

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 11

23. Signature R.E. Barker (M. D. or other) _____
Address Parham Mo Date signed 10-7-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Licensed Embalmer No.

3566

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.